



City of Rocklin

3970 Rocklin Road
Rocklin, California 95677
Phone: (916) 625-5000
www.rocklin.ca.us

BUSINESS LICENSE APPLICATION

NAME OF BUSINESS / DBA:			BUSINESS PHONE:	
BUSINESS STREET LOCATION:	SUITE#:	CITY / STATE:	ZIP CODE:	
MAILING STREET ADDRESS (IF DIFFERENT):	SUITE#:	CITY / STATE:	ZIP CODE:	
COMPANY WEBSITE ADDRESS (IF APPLICABLE):				
DESCRIBE PROPOSED USE (IN DETAIL)				
<input type="checkbox"/> SOLE PROPRIETORSHIP		<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED LIABILITY CORPORATION		
BUSINESS OWNER'S NAME:		NAMES OF PARTNERS OR OFFICERS:		

NOTE: THE INFORMATION ABOVE THIS LINE WILL BE MADE PUBLIC UPON REQUEST.

BUSINESS OWNER / PARTNER / OFFICER NAME:			EMAIL ADDRESS:	
HOME STREET ADDRESS:		CITY / STATE:	ZIP CODE:	PHONE:
SOCIAL SECURITY #:	FEDERAL EMPLOYER ID #:	STATE EMPLOYER ID #:	STATE BOARD OF EQUALIZATION #:	
NUMBER OF FULL TIME EMPLOYEES:	STATE CONTRACTOR'S LICENSE #:	EXPIRATION DATE:	CLASS:	
OTHER KEY MANAGERS NAME/TITLE:		EMAIL ADDRESS:		
<p>I acknowledge and understand that the Business License Certificate issued by the City of Rocklin is a receipt evidencing that I have paid the City of Rocklin business license tax imposed under Chapter 5.04 of the Rocklin Municipal Code for the year indicated. Issuance of the certificate does not entitle me to carry on the business without complying with all other City building and zoning ordinances and all other applicable laws. I take full and sole responsibility for determining that the business location stated above has the proper zoning and is in the appropriate type of structure, and for securing all necessary approvals prior to commencement of business at this location.</p> <p>I certify that the above information above is true and correct.</p>				
SIGNATURE:		TITLE:	DATE:	



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WORKER'S COMPENSATION DECLARATION

CERTIFICATION OF WORKERS' COMPENSATION COMPLIANCE

NOTE: EVERY BUSINESS APPLYING FOR A BUSINESS LICENSE FROM THE CITY OF ROCKLIN MUST PROVIDE PROOF OF VALID WORKERS' COMPENSATION INSURANCE OR OTHER PROOF OF COMPLIANCE WITH THE PROVISIONS OF SECTION 3700 OF THE CALIFORNIA LABOR CODE.

I hereby affirm under penalty of perjury one of the following declarations:

- ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the California Labor Code, for the performance of the work for which this license is issued. Proof of workers' compensation coverage is attached.
- ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation insurance, as required by Section 3700 of the California Labor Code, for the performance of the work for which this license is issued. A copy of the certificate of consent to self-insure is attached.
- ☐ I certify that, in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that, if I should become subject to the workers' compensation provisions of Section 3700 of the California Labor Code, I shall forthwith comply with those provisions or this business license may be revoked.

NAME OF BUSINESS:

AUTHORIZED SIGNATURE:

DATE: